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| **EXPRESSION OF INTEREST** HIGHLY ACCOMPLISHED AND LEAD TEACHER CERTIFICATION |

**Form #1**

This Expression of Interest form notes your formal intention to work towards HALT certification.

1. **APPLICATION TYPE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Highly Accomplished Teacher** |  | **Lead Teacher** |  | **Unsure** |  |

1. **PROGRAM COMPLETION INTENTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I wish to complete the program in:** | | Year | | |  |
|  |  | |  |  | | |

As a result of completing this form, you will be invited to participate in workshops and professional learning.

1. **PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRB Number** | Click or tap here to enter text. | | | | | | | | | |
| **Family Name** | Click or tap here to enter text. | | | | | | | | | |
| **Given Names** | Click or tap here to enter text. | | | | | | | | | |
| **Preferred Name** (if applicable) | Click or tap here to enter text. | | | | | | | | | |
| **Title**, e.g. Mr/Mrs/Ms/Miss/Dr | Click or tap here to enter text. | | | Male |  | | | Female |  | |
| **Background** | Aboriginal |  | Torres Strait Islander | | |  | Neither | | |  |
| **Language Background Other than English** | | Click or tap here to enter text. | | | | | | | | |

1. **CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | | |

**Residential Address**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street or PO Box** | Click or tap here to enter text. | | | | | | |
| **Suburb** | Click or tap here to enter text. | **State** | Click or tap here to enter text. | **Country** | Click or tap here to enter text. | **Postcode** | Click or tap here to enter text. |

**Postal Address (if different from above)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street or PO Box** | Click or tap here to enter text. | | | | | | |
| **Suburb** | Click or tap here to enter text. | **State** | Click or tap here to enter text. | **Country** | Click or tap here to enter text. | **Postcode** | Click or tap here to enter text. |

1. **CURRENT EMPLOYMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Sector** | Government |  | | Catholic | |  | | Independent | | | |  | Christian | |  |
| **Current Workplace** | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **School Type** | Choose an item. | | | | | | **Workplace Region** | | | Choose an item. | | | | | |
| **Type of Employment** | Full Time | |  | | Part Time | | | | FTE hours | | Relief | | |  | |
| **Position** | Position title | | | | | | | | | | | | | | |
| **Classification/Level** | e.g. CT Level or designation | | | | | | | | | | | | | | |

1. **IDENTIFICATION OF MENTOR IN SCHOOL**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mentors Name** | | | Click or tap here to enter text. | | | | | |
| **School/Workplace** | | Click or tap here to enter text.  **State** | | | **Position** | Click or tap here to enter text. | **TRB Number** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. | | | **Email** | | Click or tap here to enter text. | | |

I commit my support to mentor this applicant and will access resources, participate in workshops, and adhere to guidelines which give this applicant their best chance of success.

I have sufficient workload capacity, interest, and professional knowledge of the Australian Professional Standards for teachers to undertake this work.

Signature: Click or tap to enter a date.

1. **PRINCIPAL ENDORSEMENT**

Nationally certified teachers are highly regarded by their colleagues and should be seen as teachers who achieve great outcomes for their students learning and wellbeing. They support the development of colleagues and are viewed by others as contributing positively and respectfully to the community and to the education profession. They demonstrate the values of **The Teacher Registration Board**, maintain high ethical standards and exercise sound judgement in all school and community contexts.

By signing the box below, you agree that you endorse and will support the applicant as a suitable candidate for certification and that the content of the above application is correct.

In endorsing this application, you are recognising this teacher is operating at Highly Accomplished / Lead Teacher level in relation to the Standards.

In the case of a Lead Initiative, you are endorsing the initiative as benefitting the school community, progressing quality teaching agendas and the value of scaling the initiative for the benefit of others.

In the case of a Highly Accomplished Teacher, you have seen evidence of their outstanding leadership and support of colleagues to build capability and provide mentorship.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal/Delegate Name** | | | Click or tap here to enter text. | | | | | | |
| **School/Workplace** | | Click or tap here to enter text.  **State** | | | **Position** | Click or tap here to enter text. | **TRB Number** | | Click or tap here to enter text. |
| **Signature of Principal/ Delegate** | | |  | | | | **Date** | Click or tap to enter a date. | |
| **Telephone** | Click or tap here to enter text. | | | **Email** | | Click or tap here to enter text. | | | |

1. **APPLICANT CONSENT AGREEMENT**

I have read the information and completed all relevant sections of this form. I understand and acknowledge:

|  | I am responsible for discussing my participation in the certification process with the Principal/Delegate nominated above |
| --- | --- |
|  | All information I have provided in this form is true and correct |
|  | This form only formalises my interest in the process, and is not a HALT application |
|  | It is my responsibility to ensure I maintain communication with the TRB HALT Team |
|  | I understand that the Teacher Registration Board of the Northern Territory will have full access to my submission and will hold electronic records of my submission for 99 years as per our legislation. |
|  | I understand that the certification process is nationally benchmarked and any of my submissions may be part of a national benchmarking. |

1. **APPLICANT SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** | Click or tap to enter a date. |

To submit your portfolio of evidence and claims, you will complete an ‘Intention to submit’ form no less than 28 days prior to submission. The availability of assessors will determine when your portfolio will be assessed and finalised.